## **Position Description**

| Read each heading carefully before proceeding. Make statements simple, brief, and complete. Be certain the form is signed.  |  |                        |                          | Agency<br>Number |  |
|---|--|------------------------|--------------------------|------------------|--|
| Send the original to the Office of Personnel Services.  CHECK ONE:   NEW POSITION   EXISTING POSITION   |  |                        |                          |                  |  |
| Part 1 - Items 1 through 12 to be completed by department head or personnel office.   |  |                        |                          | 1                |  |
| 1. Agency Name  | 9. Position No.  | 10. Budget Program I   | Number                   | 1                |  |
| Division for Children and Families  | K0162723   | 23642                  |                          |                  |  |
| 2. Employee Name (leave blank if position vacant)   |  |                        | e (if existing position) |                  |  |
|   |  | Social Work Speciali   |                          |                  |  |
| 3. Division   |  | 12. Proposed Class T   | itle                     |                  |  |
| KC Region   | F  | 12 411                 |                          |                  |  |
| 4. Section Program and Service Integration  | For  | 13. Allocation         |                          |                  |  |
| 5. Unit   | Use  | 14. Effective Date     |                          | Position         |  |
| Adult Protective Services / Social Services   | 0.30   | 14. Effective Bate     |                          | Number           |  |
| 6. Location (address where employee works)  | Ву   | 15. By                 | Approved                 | 1                |  |
| ` '   | , and the second | ,                      |                          |                  |  |
| City: Kansas City County: Wyandotte   |  |                        |                          |                  |  |
|   | <del></del>  |                        |                          |                  |  |
| 7. (circle appropriate time) Full time x Perm. Inter.   | Personnel  | 16. Audit              | D                        |                  |  |
| Part time Temp. %   |  | Date:<br>Date:         | By:<br>By:               |                  |  |
| 8. Regular hours of work: (circle appropriate time)   | Office   | 17. Audit              | Dy.                      | 1                |  |
| o. Regular hours of work. (effect appropriate time)   | Office   | Date:                  | By:                      |                  |  |
| FROM: 8 AM/PM To: 5 AM/PM   |  | Date:                  | By:                      |                  |  |
| PART II - To be completed by department head,   | personnel office   | or supervisor of the p | osition.                 |                  |  |
| 18. If this is a request to reallocate a position, briefly describe the reorganization, reassignment of work, new function added by law or other factors which changed the duties and responsibilities of the position:   |  |                        |                          |                  |  |
|   |  |                        |                          |                  |  |
| This position exists as part of a service delivery team whose purpose is to provide intake/assessment and care planning services to   |  |                        |                          |                  |  |
| and their families. The goal is to provide timely and accurate assessments and interventions to adults which will ensure their safe improve their functioning, and preserve their independence to extent possible. This position is located in the Wyandotte County |  |                        |                          |                  |  |
| The position will have primary responsibility in Wyar   |  |                        |                          |                  |  |
| will provide other county coverage as needed in the   |  |                        |                          | -                |  |
|   |  |                        |                          |                  |  |
| 19. Who is the supervisor of this position? (person w   |  |                        |                          |                  |  |
| Name:   | Title: Social  | Work Supervisor        | Position Num             | ber              |  |
| Vacant KC Supervisor  |  |                        |                          |                  |  |
| Interim Chrisy Khatib   |  |                        | K0064238                 |                  |  |
| <b>XX</b>   | 0  |                        |                          |                  |  |
| Who evaluates the work of an incumbent in this p Name   | position? <b>Title</b>   |                        | Position Num             | hor              |  |
| Name  | 11116  |                        | r usition Num            | DCI              |  |
|   |  |                        |                          |                  |  |
|   | Same as  | above                  |                          |                  |  |

20. a) How much latitude is allowed employee in completing the work? b) What kinds of instructions, methods and guidelines are given to the employee in this position to help do the work? c) State how and in what detail assignments are made.

21. Describe the work of this position <u>using the page or one additional page only</u>. (Use the following format for describing job duties):

What is the action being done (use an action verb); to whom or what is the action directed (object of action); why is the action being done (be brief); how is the action being done (be brief). For each task state: Who reviews it? How often? What is it reviewed for?

Number Each Task and Indicate Percent of Time and Identity each function as essential or marginal by placing an E or M next to the % of time for each task. Essential functions are the primary job duties for which the position was created and that an employee must be able to perform, with or without reasonable accommodation. A marginal function is a peripheral, incident of minimal part of the position.

| No. Each<br>Task and<br>Indicate<br>Percent<br>of Time | E or M | Tasks numbered below will be reviewed by the supervisor through team meetings, staffings, individual conferences, case reading, and feedback from others. Other parties who may also review some of the tasks below include the Chief of E.E.S. and internal and external auditors.  Essential tasks numbered below will be accomplished through documentation of face to face contacts, and the production of written records of activities, all within established agency time-frames. Contacts will be with adults, their families, agencies, and other individuals as appropriate. Contacts will occur primarily in the consumer's home, in the office, and other agencies. Completion of these tasks will sometimes demand the ability for the employee to have a flexible schedule. |
|--|--------|---|
|  |        | In addition to the tasks below the incumbent is expected to demonstrate a commitment to customer service and integrated service delivery. The incumbent will participate fully in integrated service team activities and work effectively with all other divisions to provide a harmonious work environment that is conductive to improving agency outcomes, office operations and a productive working relationship with the community. This position may be required to provide coverage in other services centers within the region.   |
| 1.45%  | Е      | Social Work Tasks: Conducts, produces permanent record of and completes some or all of the following social work tasks on current agency forms within established timelines: abuse/neglect/exploitation, investigation and findings, adult case plans, intake information gathering and gathering and occasionally assigning response times on intakes.   |
| 2.35%  | Е      | Service Coordination: Coordinates with Home Health agencies, Area Agencies on Aging, Nursing Facilities, Independent Living Centers, Courts, Multi-disciplinary teams, mental health/developmental disabled, and other service providers in order to assess the consumer, and to access services and resources for the consumer. When appropriate, makes referrals to and works in conjunction with law enforcement, county attorney, and the court. In cases of guardian/conservator, will coordinate and work with in conjunction with SRS Attorney, Kansas Guardianship Program, family, and other individuals.  |
| 3.10%  | Е      | <u>Team Participation/Training</u> : Actively participate in, contribute to, and supports the team effort in planning, delivering, and coordinating services. This is accomplished in part by attending unit/team meetings which will occur at least monthly.   |
| 4.5%   | М      | Utilizes formal and informal training opportunities to enhance knowledge of and build skills in the following areas: social work practice, agency policy, and leadership and teamwork.  |
| 5.5%   | Е      | Some training opportunities will be mandated trainings.   |
|  |        |   |

| <ul><li>( ) Lead worker assigns, train</li><li>( ) Plans, staffs, evaluates, an</li></ul>  | pervisory, or management responsibility, schedules, oversees, or reviews work didirects work of employees of a work by out work of a unit to subordinate supposes.   | unit.  |
|--|--|--|
| b. List the names, class titles, and Name  | l position numbers of all persons who a <b>Title</b>   | are supervised directly by employee on this position.  Position Number   |
| <ul><li>( ) Minimal property damage, n</li><li>( ) Moderate loss of time, injury</li></ul> | the results of error in action or decision<br>ninor injury, minor disruption of the flow,<br>damage or adverse impact on healthy<br>or property loss, or serious injury or incontractions of a major agency. | ow of work.  and welfare of others.  |
| 24. For what purpose, with whom an   | d how frequently are contacts made wi  | th the public, other employees or officials?   |
| families for the purpose of assessing<br>Court officials, 3) Service Providers             | and providing services. This worker w<br>4) CDDO's and CMHC's, 5) Area Ag<br>of the general public. The purpose of the   | pordination of and completion of tasks 2) Adults and their will have frequent contact with: 1) Law enforcement, 2) gencies on Aging, 6) Independent Living Centers, 7) lesse contacts will be to assess situations, occasionally |
| 25. What hazards, risks or discomfor   | ts exist on the job or in the work envir   | onment?  |
| ž  |  | in homes and neighborhoods in which known and unknown y need to take place outside of normal working hours.  |
| 26. List machines or equipment used  | regularly in the work of this position.  | Indicate the frequency with which they are used:   |
|  |  | consumers and other agencies of individuals. Extensive use meras, audio recorders, copiers, and other general office   |
| PART III - To be completed by the  | e department head or personnel offic   | re   |
| 27. List the <u>minimum</u> amounts of edthis position.                                    | acation and experience which you belie   | eve to be necessary for an employee to begin employment in   |
| Education - General  |  |  |
| Licensed to practice social work in the  | ne State of Kansas at time of hire.  |  |
| Education or Training - special or   | professional   |  |
| Licenses, certificates and registration<br>Must have a valid driver's license.             | IS   |  |
| Special knowledge, skills and abil   | ities  |  |

| T .          | 1 .1     |     |       | 1   | 1 . 1 |
|--------------|----------|-----|-------|-----|-------|
| Experience - | . lenoth | 1n  | VASTC | and | kind  |
| LADGITCHEC - | Tongui   | 111 | ycars | anu | KIIIU |

| 20 | CDECIAI | <b>OUALIFICATIONS</b> |
|----|---------|-----------------------|
|    |         |                       |

State any additional qualifications for this position that are necessary either as a physical requirement of an incumbent on the job, a necessary special requirement, a bona fide occupational qualification (BFOQ) or other requirement that does not contradict the education and experience statement on the class specification. A special requirement must be listed here in order to obtain selective certification.

|                         |      |  |      | _ |
|-------------------------|------|--|------|---|
| Signature of Employee   | Date | Signature of Personnel Official                  | Date |   |
|                         |      | Approved:  |      |   |
| Signature of Supervisor | Date | Signature of Agency Head or Appointing Authority | Date |   |